

This evaluation tool should not be modified.

**MEDICARE RESIDENT, PRACTICING PHYSICIAN, AND
OTHER HEALTH CARE PROFESSIONAL TRAINING PROGRAM**

TRAINING MATERIALS EVALUATION

Date of Course_____ Name of Organization_____

Facilitator's Name_____ (optional) Telephone Number (optional)_____

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Rate organization of the materials for facilitators	5	4	3	2	1
Rate comprehensiveness of the training materials	5	4	3	2	1
Rate how easy it is to follow the instructions for facilitators	5	4	3	2	1
Rate how easy it is to use PowerPoint presentations to conduct a course	5	4	3	2	1
Rate your comfort level with content of the training materials	5	4	3	2	1
Rate your comfort level with presenting the material	5	4	3	2	1
Rate learning objectives of the lessons	5	4	3	2	1
Rate length of the program course	5	4	3	2	1
Rate how well course was received by learners	5	4	3	2	1

1. What Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program products did you use in your course?

_____ *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* Publication

_____ *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* CD-ROM

_____ *Medicare Resident, Practicing Physician, and Other Health Care Professional Training: An Introduction* Video

_____ 3-Hour Medicare Program Training Module

_____ 1.5-Hour Introduction to Medicare Training Module

2. Do you plan to conduct future courses? _____ Yes _____ No

3. Please provide us with your comments or suggestions regarding the Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program and training materials:

Thank you for your feedback. We will use your input to improve our Medicare training courses and products.

Please make a copy of the completed evaluation for your locked, confidential file and mail original evaluation to:

**A. Palmer
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C4-11-27
Baltimore, MD 21244**